

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-020198

DO NOT WRITE
ON THIS STUB

AMENDED

Registration No.

FILED JUN 7 1962

Primary Registration District No.

1003

Registrar's No.

5579

STATE FILE NUMBER

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		c. CITY OR TOWN <u>St. Louis</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>1020 So. 14th St.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>1020 So. 14th St.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JASON</u> Middle <u>L.</u> Last <u>BOURNE, Jr.</u>		4. DATE OF DEATH Month <u>June</u> Day <u>4</u> Year <u>1962</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>10/30/1888</u>
9. AGE (last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during 10 days preceding death) <u>Barclay Service</u>	11. BIRTHPLACE (City and state or country) <u>Memphis, Tenn.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Jason Bourne</u>	
13b. MOTHER'S MAIDEN NAME <u>Margaret Shepard</u>		14. NAME OF HUSBAND OR WIFE <u>Bertha M. Bourne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>[redacted]</u>	
17. INFORMANT <u>Bertha M. Bourne</u>		Address <u>1020 S. 14th St.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Heart Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <u>Coronary Arteriosclerosis</u> DUE TO (b) <u>4201</u> DUE TO (c) <u>4201</u>			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>5:49 a.m.</u> Month, Day, Year <u>5-5-62</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>1-11-62</u> to <u>5-5-62</u> and last saw her alive on <u>5-5-62</u> . Death occurred at <u>6-4-62 5:49 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Walter W. Humphreys M.D.</u>		22b. ADDRESS <u>1410 S. 12th St. - St. Louis, Mo.</u>	
22c. DATE SIGNED <u>6/6/62</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill</u>	
22e. LOCATION (City, town, or county) <u>St. Louis County, M.</u>		22f. STATE <u>Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6/6/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill</u>	
23d. LOCATION (City, town, or county) <u>St. Louis County, M.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>JOHN STYGAR & SON</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 4 1962</u>	
26. ADDRESS <u>5541 RIVERVIEW BLVD.</u>		26. REGISTRAR'S SIGNATURE <u>Walter W. Humphreys M.D.</u>	

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *J. W. Rister*

Licensed Embalmer No. 3980

P. O. Address St. Louis, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.